

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	405	12-8-03
TYPIST	884	12/14
VERIFIER	291	12-15
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	1/23/94
2	8/14/94
3	
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13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
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SYMBOLS

✓ Rejected

..... Allowed

- (Through numeral) Canceled

+ Restricted

N Non-elected

I Interference

A Appeal

O Objected

Claim	Date
Final	
Original	
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